

Evidence Tables

Evidence Table 1 – RCTs and CCTs reporting on Athletic Performance Enhancement with Ephedra

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention Total Daily Dose Route of Administration				Summary of Results
		Arm #	Duration	Sample Size		
Bell DG & Jacobs I 1999 #24	CCT Jadad Score: 1 Population: Male athletes Comorbidities: N/A	1	Placebo Placebo for 2 days	n Entered: 9 n Analyzed: 9	VO ₂ maximum during the treadmill runs, VO ₂ at standard running velocities, and the relationship between the heart rate and the VO ₂ were similar in both the Caffeine and Ephedrine (C+E, Arm 2) and the Placebo (Arm 1) groups. Run times of the performance test for subjects in the C+E group (Arm 2) was significantly faster (p < 0.05) than for subjects in the Placebo group (Arm 1).	
		2	Ephedrine 75 mg orally for 2 days Caffeine 375 mg orally for 2 days	n Entered: 9 n Analyzed: 9		
Bell DG, Jacobs I, et al. 1999 #25	CCT Jadad Score: 1 Population: Male Comorbidities: N/A	1	Control No dosage data reported	n Entered: 10 n Analyzed: 10	Individuals in the Caffeine and Ephedrine (C+E) group (Arm 3) experienced a significant VO ₂ increase of 7.5% compared to individuals in the Placebo group (Arm 2), but similar to individuals in the Control group (Arm 1). Tolerance times were similar for the C+E (Arm 3, 121.3 +/- 33.9 minutes) and Placebo (Arm 2, 120.0 +/- 28.4) groups, but significantly longer than the Control group (Arm 1, 106.6 +/- 24.0).	
		2	Placebo Placebo for 1 day	n Entered: 10 n Analyzed: 10		
		3	Ephedrine 1 mg·kg-1 orally for 1 day Caffeine 5 mg·kg-1 orally for 1 day	n Entered: 10 n Analyzed: 10		
Bell DG, Jacobs I, et al. 2000 #26	CCT Jadad Score: 3 Population: Male Comorbidities: N/A	1	Placebo Placebo for 1 day	n Entered: 12 n Analyzed: 12	VO ₂ maximum was similar among all groups. Endurance ride times to exhaustion for all Caffeine and Ephedrine groups with different dosages (Arm 2, 27.5 +/- 12.4 minutes; Arm 3, 27.6 +/- 10.9; and Arm 4, 28.2 +/- 9.3) were similar, and significantly greater than Placebo (Arm 1, 17.0 +/- 3.0) with an approximated 64% improvement.	
		2	Ephedrine 0.8 mg·kg-1 orally for 1 day Caffeine 5 mg·kg-1 orally for 1 day	n Entered: 12 n Analyzed: 12		
		3	Caffeine 1 mg·kg-1 orally for 1 day Caffeine 4 mg·kg-1 orally for 1 day	n Entered: 12 n Analyzed: 12		
		4	Ephedrine 0.8 mg·kg-1 orally for 1 day Caffeine 4 mg·kg-1 orally for 1 day	n Entered: N/A n Analyzed: N/A		

N/A = not available or not applicable

Evidence Table 1 – RCTs and CCTs reporting on Athletic Performance Enhancement with Ephedra (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention		Summary of Results	
		Arm #	Duration Total Daily Dose Route of Administration	Sample Size n Entered: n Analyzed:	
Bell DG, Jacobs I, et al. 1998 #27	CCT Jadad Score: 4 Population: Male Comorbidities: N/A	1	Placebo Placebo for 1 day	n Entered: 12 n Analyzed: 8	VO ₂ maximum increased progressively during exercise in all trials (Arms 1, 2, 3, and 4, p < 0.05), but no significant difference was found among them. Time to exhaustion was significantly longer for the Caffeine and Ephedrine trial ((Arm 2) when compared to Placebo (Arm1) and Caffeine (Arm 3) trials (p < 0.05).
		2	Ephedrine 1 mg.kg-1 orally for 1 day Caffeine 1 mg.kg-1 orally for 1 day	n Entered: 12 n Analyzed: 8	
		3	Caffeine 5 mg.kg-1 orally for 1 day	n Entered: 12 n Analyzed: 8	
		4	Ephedrine 1 mg.kg-1 orally for 1 day	n Entered: 12 n Analyzed: 8	
Bell DG, Jacobs I, et al. 2001 #512	CCT Jadad Score: 1 Population: Military Comorbidities: N/A	1	Placebo Placebo for 1 day	n Entered: 24 n Analyzed: 24	Accumulated VO ₂ was similar between all groups. The Ephedrine (Arm 3) and Caffeine plus Ephedrine (Arm 4) treatments increased power output significantly (p < 0.05) early in the Wingate test compared to the Placebo (Arm 1) and Caffeine (Arm 2) treatments. Caffeine-containing treatments (Arms 2 and 4) significantly improved times to exhaustion by 8% compared to non-caffeine treatments (Arms 1 and 3).
		2	Caffeine 5 mg.kg-1 orally for 1 day	n Entered: 24 n Analyzed: 24	
		3	Ephedrine 1 mg.kg-1 orally for 1 day	n Entered: 24 n Analyzed: 24	
		4	Ephedrine 1 mg.kg-1 orally for 1 day Caffeine 1 mg.kg-1 orally for 1 day	n Entered: 24 n Analyzed: 24	
Oksbjerg N, Meyer T, et al. 1986 #214	CCT Jadad Score: 1 Population: Male Comorbidities: N/A	1	Ephedrine 40 mg orally for 1 day	n Entered: 6 n Analyzed: 6	A thermogenic effect of 4.3 +/- 1.3 watt was established for the Ephedrine group (Arm 1), the effect in the Placebo group (Arm 2) was only 1.6 +/- 1.6. The thermogenic effect in the Ephedrine group (Arm 1) increased by 100% (p < 0.05) following aerobic training. Overall, aerobic training increased VO ₂ maximum by 7 % (p < 0.05).
		2	Placebo No dosage data reported	n Entered: 6 n Analyzed: 6	
Pasternak 1999 #511	CCT Jadad Score: 1 Population: Male athletes Comorbidities: N/A	1	Placebo Placebo for 1 day	n Entered: 13 n Analyzed: 13	For muscular endurance outcomes, mean number of leg and bench press repetitions only in the first set increased significantly (p < 0.05) for individuals in the Caffeine and Ephedrine (Arm 4) and the Ephedrine (Arm 3) groups compared to the Caffeine (Arm 2) and Placebo (Arm 1) groups. The mean number for all 3 sets of leg and bench repetitions was similar among all groups.
		2	Caffeine 4 mg.kg-1 orally for 1 day	n Entered: 13 n Analyzed: 13	
		3	Ephedrine 0.8 mg.kg-1 orally for 1 day	n Entered: 13 n Analyzed: 13	
		4	Caffeine 4 mg.kg-1 orally for 1 day Ephedrine 0.8 mg.kg-1 orally for 1 day	n Entered: 13 n Analyzed: 13	

N/A = not available or not applicable

Evidence Table 1 – RCTs and CCTs reporting on Athletic Performance Enhancement with Ephedra (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities		Intervention Total Daily Dose Route of Administration			Summary of Results
	Arm #	Duration	Sample Size			
Sidney KH & Lefcoe NM 1977 #247	CCT		1	Placebo	n Entered: 21	No significant difference was seen between the Placebo (Arm 1) and Ephedrine (Arm 2) groups for any variable including VO ₂ maximum, and endurance.
	Jadad Score: 2			Placebo for 1 day	n Analyzed: 21	
	Population: Male		2	Ephedrine	n Entered: 21	
	Comorbidities: N/A			24 mg orally for 1 day	n Analyzed: 21	

N/A = not available or not applicable

Evidence Table 2 – RCTs and CCTs reporting on Weight Loss

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention		Sample Size	Meta-analysis Data* Or Summary of Results
		Arm #	Duration Route of Administration		
Astrup A, Buemann B, et al. 1992 #9	CCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 8 weeks	n Entered: 8 n Analyzed: 6	Average weight loss at 2 months in kg: Arm 1 = 8.4 (2.9) Arm 2 = 10.1 (1.0)
		2	Ephedrine 60 mg orally for 8 weeks Caffeine 600 mg orally for 8 weeks	n Entered: 8 n Analyzed: 6	
Belfie L, Petrie H, et al. 2001 #317	CCT Jadad Score: 1 Population: N/A Comorbidities: Obesity	1	Placebo Placebo for 12 weeks	n Entered: N/A n Analyzed: 10	Excluded from meta-analysis due to Insufficient statistics. At follow up, decreases were seen only in the Ma Huang Supplement group (Arm 2) for mass (106.0 +/-11.5 to 96.9 +/- 12.1 kg), fat mass (31.3 +/- 5.3 to 25.8 +/- 5.8 kg, p < 0.05), and percent body fat (29.4 +/- 3.1 to 26.4 +/- 3.0 %, p < 0.05).
		2	Ephedrine from Ma Huang 60 mg orally for 12 weeks Caffeine from Guarana 600 mg orally for 12 weeks	n Entered: N/A n Analyzed: 11	
Boozer CN, Daly PA, et al. 2000 #34	RCT Jadad Score: 5 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 24 weeks	n Entered: 84 n Analyzed: 38	Average weight loss at 6 months in kg: Arm 1 = 2.6 (3.2) Arm 2 = 5.3 (5.0)
		2	Ephedrine from Ma Huang 86.4 mg orally for 24 weeks Caffeine from Kola nut 196 mg orally for 24 weeks	n Entered: 83 n Analyzed: 45	
Boozer CN, Nasser JA, et al. 2001 #333	RCT Jadad Score: 5 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 8 weeks	n Entered: 32 n Analyzed: 24	Average weight loss at 2 months in kg: Arm 1 = 0.8 (2.4) Arm 2 = 4.0 (3.4)
		2	Ephedrine from Ma Huang 77.4 mg orally for 8 weeks Caffeine from Guarana 300 mg orally for 8 weeks	n Entered: 35 n Analyzed: 24	
Breum L, Pedersen JK, et al. 1994 #41	RCT Jadad Score: 4 Population: Female Comorbidities: Obesity	1	Dexfenfluramine 30 mg orally for 15 weeks	n Entered: 53 n Analyzed: 43	Average weight loss at 3.75 months in kg: Arm 1 = 6.9 (4.3) Arm 2 = 8.3 (5.2)
		2	Ephedrine 60 mg orally for 15 weeks Caffeine 600 mg orally for 15 weeks	n Entered: 50 n Analyzed: 38	
Buemann B, Marckmann P, et al. 1994 #45	RCT Jadad Score: 3 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 8 weeks	n Entered: N/A n Analyzed: 16	Average weight loss at 2 months in kg: Arm 1 = 7.1 (2.4) Arm 2 = 8.4 (2.4)
		2	Ephedrine 60 mg orally for 8 weeks Caffeine 600 mg orally for 8 weeks	n Entered: N/A n Analyzed: 16	

N/A = not available or not applicable

* Meta-analysis data reports standard deviation in parentheses.

Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention				Meta-analysis Data* Or Summary of Results
		Arm #	Duration	Sample Size		
Colker, Swain, et al. 2001 #548	RCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 8 weeks	n Entered: 12 n Analyzed: 12	12	Average weight loss at 2 months in kg: Arm 1 = 0.49 (2.35) Arm 2 = 2.56 (2.35)
		2	Ephedrine from Ma Huang Taken orally for 8 weeks Coleus forskohli Taken orally for 8 weeks	n Entered: 14 n Analyzed: 14	14	
Colker, Torina, et al. 1999 #549	RCT Jadad Score: 1 Population: N/A Comorbidities: Obesity	1	Placebo Placebo for 8 Weeks	n Entered: 8 n Analyzed: 8	8	Excluded from meta-analysis because of insufficient statistics: study reports weight loss for one group only. The Ephedra, Caffeine, Aspirin, and Exercise (E+C+A+E) group (Arm 3) had a significant reduction in body weight (-3.8 kg, p<0.01) compared to the Ephedra, Caffeine, and Aspirin (E+C+A, Arm 2) and Placebo groups (Arm 1). The E+C+A (Arm 2) group experienced a significant reduction in caloric intake (-680.2 kcal, p<0.05) compared to the other groups.
		2	Ephedrine from Ma Huang 60 mg orally for 8 weeks Caffeine from unspecified herb 600 mg orally for 8 weeks Aspirin 45 mg orally for 8 weeks	n Entered: 8 n Analyzed: 8	8	
Daly PA, Krieger DR, et al. 1993 #68	RCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 8 weeks	n Entered: 15 n Analyzed: 13	15	Average weight loss at 2 months in kg: Arm 1 = 0.7 (2.2) Arm 2 = 2.2 (2.3)
		2	Ephedrine 75 mg orally for 4 weeks Second round of previous intervention 150 mg orally for 4 weeks Caffeine 150 mg orally for 8 weeks Aspirin 330 mg orally for 8 weeks	n Entered: 14 n Analyzed: 11	14	

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Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention			Meta-analysis Data* Or Summary of Results
		Arm #	Duration Total Daily Dose Route of Administration	Sample Size	
Donikyan LA 2002 #509	RCT Jadad Score: 4 Population: Male and female Comorbidities: Obesity	1	Placebo Placebo for 12 weeks	n Entered: 94 n Analyzed: 78	Average weight loss at 3 months in kg: Arm 1 = 3.0 (6.0) Arm 2 = excluded Arm 3 = 7.4 (6.8)
		2	Ephedrine from Ma Huang 72 mg orally for 8 weeks Chromium picolinate 450 mcg orally for 8 weeks Placebo Placebo for 4 weeks	n Entered: 93 n Analyzed: 75	
		3	Ephedrine from Ma Huang 72 mg orally for 12 weeks Chromium picolinate 450 mcg orally for 12 weeks	n Entered: 92 n Analyzed: 76	
Greenway F, deJonge L, et al. Unpublished #475	RCT Jadad Score: 2 Population: N/A Comorbidities: Obesity	1	Placebo Placebo for 12 weeks	n Entered: 20 n Analyzed: 18	Average weight loss at 3 months in kg: Arm 1 = 0.8 (2.6) Arm 2 = 3.9 (4.0)
		2	Ephedrine from Ma Huang 72 mg orally for 12 weeks Caffeine from unspecified herb 210 mg orally for 12 weeks Phenylalanine 300 mg orally for 12 days	n Entered: 20 n Analyzed: 12	
Jensen, Dano, et al. 1980 #536	RCT Jadad Score: 1 Population: N/A Comorbidities: Obesity	1	Ephedrine 100 mg orally for 16 weeks Caffeine 275 mg orally for 16 weeks	n Entered: 23 n Analyzed: 14	Average weight loss at 4 months in kg: Arm 1 = 9.4 (4.7) Arm 2 = 7.9 (4.7) Arm 3 = 0.5 (4.7)
		2	Ephedrine 100 mg orally for 16 weeks	n Entered: 24 n Analyzed: 13	
		3	Placebo No dosage data reported	n Entered: 17 n Analyzed: 4	

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* Meta-analysis data reports standard deviation in parentheses.

Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention Total Daily Dose Route of Administration	Arm #	Duration	Sample Size n Entered: n Analyzed:	Meta-analysis Data* Or Summary of Results
Kalman DS, Colker CM, et al. 2000 #140	RCT Jadad Score: 3 Population: Male Comorbidities: Obesity	1	Placebo		n Entered: 14	Average weight loss at 2 months in kg: Arm 1 = 2.1 (2.4) Arm 2 = 3.1 (2.4)
		2	Ephedrine 40 mg orally for 8 weeks Synephrine 10 mg orally for 8 weeks Caffeine 400 mg orally for 8 weeks Aspirin 30 mg orally for 8 weeks		n Analyzed: 13 n Entered: 16 n Analyzed: 12	
Kalman, Colker, et al. 2000 #550	RCT Jadad Score: 3 Population: N/A Comorbidities: Obesity	1	Placebo		n Entered: 15	Excluded from meta-analysis because of insufficient statistics: study only reports weight loss in percent. Subjects in the Ephedrine, Synephrine, Caffeine, and Aspirin (E+S+C+A) group (Arm 2) experienced a significant reduction in body weight (-9%, p=0.05) as well as in percent of body fat (-16%, p<0.001) compared to the Placebo group (Arm 1, -3.8% and -1% respectively). An intragroup difference in fat free mass was seen in both groups: -0.92 kg (p<0.01) in the E+S+C+A group (Arm 2) and -3.47 kg (p<0.05) in the Placebo group (Arm 1).
		2	Ma Huang/Ephedra 20 mg orally for 8 weeks 28 5 mg orally for 8 weeks Caffeine from unspecified herb 200 mg orally for 8 weeks Aspirin 15 mg orally for 8 weeks		n Analyzed: 15 n Entered: 15 n Analyzed: 15	
Kettle R, Toubro S, et al. 1998 #510	CCT Jadad Score: 0 Population: N/A Comorbidities: Obesity	1	Placebo		n Entered: 45	Average weight loss at 6 months in kg: Arm 1 = 12.8 (6.7) Arm 2 = 15.6 (7.1)
		2	Placebo for 6 months Ephedrine 20 mg orally for 6 months Caffeine 200 mg orally for 6 months		n Analyzed: 37 n Entered: 45 n Analyzed: 40	
Lumholtz IB, Thorsteinsson B, et al. 1980 #173	RCT Jadad Score: 2 Population: N/A Comorbidities: Obesity	1	Ephedrine 120 mg orally for 18 weeks		n Entered: 63 n Analyzed: 18	Average weight loss at 4.5 months in kg: Arm 1 = 9.5 (5.3) Arm 2 = 4.0 (5.3)
		2	Placebo No dosage data reported		n Entered: 63 n Analyzed: 14	

N/A = not available or not applicable

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Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention Total Daily Dose Route of Administration Arm # Duration	Sample Size	Meta-analysis Data* Or Summary of Results
Malchow-Møller A, Larsen S, et al. 1981 #177	CCT Jadad Score: 3 Population: N/A Comorbidities: Obesity	1 Placebo Placebo for 12 weeks 2 Ephedrine 60 mg orally for 12 weeks Caffeine 150 mg orally for 12 weeks 3 Diethylpropion 37.5 mg orally for 12 weeks	n Entered: 33 n Analyzed: 31 n Entered: 49 n Analyzed: 38 n Entered: 50 n Analyzed: 39	Average weight loss at 3 months in kg: Arm 1 = 4.1 (3.5) Arm 2 = 8.1 (3.5) Arm 3 = 8.4 (3.5)
Moheb MA, Geissler CA, et al. 1998 #193	RCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1 Placebo Placebo for 12 weeks 2 Ephedrine 150 mg orally for 12 weeks 3 Ephedrine 150 mg orally for 12 weeks Aspirin 330 mg orally for 12 weeks 4 Ephedrine 150 mg orally for 12 weeks Caffeine 150 mg orally for 12 weeks 5 Ephedrine 150 mg orally for 12 weeks Caffeine 150 mg orally for 12 weeks Aspirin 330 mg orally for 12 weeks	n Entered: N/A n Analyzed: 32 n Entered: N/A n Analyzed: 32 n Entered: N/A n Analyzed: 32 n Entered: N/A n Analyzed: 32	Average weight loss at 3 months in kg: Arm 1 = 6.2 (3.5) Arm 2 = 7.9 (3.5) Arm 3 = 9.6 (3.5) Arm 4 = 8.8 (3.5) Arm 5 = 8.9 (3.5)

N/A = not available or not applicable

* Meta-analysis data reports standard deviation in parentheses.

Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention Total Daily Dose Route of Administration			Meta-analysis Data* Or Summary of Results
		Arm #	Duration	Sample Size	
Molnar D, Torok K, et al. 2000 #195	RCT Jadad Score: 4 Population: Adolescents (12-17) Comorbidities: Obesity	1	Placebo Placebo for 20 weeks	n Entered: 16 n Analyzed: 13	Average weight loss at 5 months in kg: Arm 1 = 0.5 (4.3) Arm 2 = 7.9 (6.0)
		2	Ephedrine 10 mg orally for 1 weeks Second round of previous intervention 30-60 mg orally for 19 weeks Caffeine 100 mg orally for 1 weeks Second round of previous intervention 300-600 mg orally for 19 weeks	n Entered: 16 n Analyzed: 16	
Norregaard J, Jorgensen S, et al. 1996 #210	RCT Jadad Score: 3 Population: N/A Comorbidities: Obesity, hypertension, pulmonary, AVD.	1	Placebo Placebo for 9 months	n Entered: 80 n Analyzed: 73	Excluded from meta-analysis because there was no weight loss outcome, this study addressed weight gain. Subjects in the Ephedrine plus Caffeine group (Arm 2) gained significantly less weight during the first 12 weeks (Week 3 = p<0.001; Week 6 = p<0.01; Week 12 = p<0.05) than subjects in the Placebo group (Arm 1). Weight gain was similar for both groups after 1 year.
		2	Ephedrine 60 mg orally for 3 months Second round of previous intervention 40 mg orally for 3 months Third round of previous intervention 20 mg orally for 3 months Caffeine 600 mg orally for 3 months Second round of previous intervention 400 mg orally for 3 months Third round of previous intervention 200 mg orally for 3 months	n Entered: 167 n Analyzed: 152	
Pasquali R, Baraldi G, et al. 1985 #220	RCT Jadad Score: 3 Population: N/A Comorbidities: Obesity	1	Placebo Placebo for 3 months	n Entered: 21 n Analyzed: 12	Average weight loss at 3 months in kg: Arm 1 = 8.7 (3.5) Arm 2 = 8.7 (2.4) Arm 3 = 10.2 (3.5)
		2	Ephedrine 75 mg orally for 3 months	n Entered: 19 n Analyzed: 7	
		3	Ephedrine 150 mg orally for 3 months	n Entered: 22 n Analyzed: 12	

N/A = not available or not applicable

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Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design Study Quality Population (>75%) Comorbidities	Intervention Total Daily Dose Route of Administration			Sample Size	Meta-analysis Data* Or Summary of Results
		Arm #	Duration			
Pasquali R, Cesari MP, et al. 1987 #223	RCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1	Placebo Placebo for 2 months	n Entered: 10 n Analyzed: 10		Excluded from meta-analysis because crossover study design. Patients' weight loss was significantly ($p < 0.05$) more during the Ephedrine treatment (Arm 2, 2.41 +/- 0.6 kg.) than during the Placebo treatment (Arm 1, 0.64 +/- 0.05 kg.).
		2	Ephedrine 150 mg orally for 2 months	n Entered: 10 n Analyzed: 10		
Quaade F, Astrup A, et al. 1992 #230	RCT Jadad Score: 3 Population: Male and female Comorbidities: Obesity	1	Ephedrine 60 mg orally for 24 weeks Caffeine 600 mg orally for 24 weeks	n Entered: 45 n Analyzed: 35		Average weight loss at 3 months in kg: Arm 1 = 11.7 (5.3) Arm 2 = 10.3 (4.0) Arm 3 = 9.0 (3.6) Arm 4 = 10.2 (5.7) Average weight loss at 6 months in kg: Arm 1 = 16.6 (6.8) Arm 2 = 14.3 (5.9) Arm 3 = 11.5 (6.0) Arm 4 = 13.2 (6.6)
		2	Ephedrine 60 mg orally for 24 weeks	n Entered: 45 n Analyzed: 35		
		3	Caffeine 600 mg orally for 24 weeks	n Entered: 45 n Analyzed: 36		
		4	Placebo No dosage data reported	n Entered: 45 n Analyzed: 35		
Roed, Hansen, et al. 1980 #535	RCT Jadad Score: 3 Population: Male and female Comorbidities: Obesity	1	Ephedrine 60 mg orally for 12 weeks Caffeine from Kola nut 60 mg orally for 12 weeks	n Entered: 70 n Analyzed: 49		Average weight loss at 3 months in kg: Arm 1 = excluded Arm 2 = 10.0 (3.5) Arm 3 = 5.2 (3.5)
		2	Ephedrine 60 mg orally for 12 weeks	n Entered: 69 n Analyzed: 52		
		3	Placebo No dosage data reported	n Entered: 69 n Analyzed: 42		
Toubro S & Astrup A 1997 #261	RCT Jadad Score: 2 Population: Female Comorbidities: Obesity	1	Ephedrine 60 mg orally for 8 weeks Caffeine 600 mg orally for 8 weeks	n Entered: 21 n Analyzed: 19		Excluded from meta-analysis due to study design: ephedrine dose did not vary between arms. The mean weight loss achieved during the reduction phase was 12.6 kg (95% CI: 10.9-14.3) for the Low Energy Diet (LED) group (Arm1) and 12.6 kg (CI: 9.9-15.3) for the Conventional Diet (CD) group (Arm 2). The rate of weight loss was twice as high in the CD group (Arm 2, 1.6 kg/week, CI: 1.4-1.8) than in the LED group (Arm 1, 0.8 kg/week, CI: 0.7-1.0).
		2	Ephedrine 60 mg orally for 17 weeks Caffeine 600 mg orally for 17 weeks	n Entered: 22 n Analyzed: 19		

N/A = not available or not applicable

* Meta-analysis data reports standard deviation in parentheses.

Evidence Table 2 – RCTs and CCTs reporting on Weight Loss (continued)

First Author Year	Design	Intervention			Meta-analysis Data* Or Summary of Results
	Study Quality	Total Daily Dose	Sample Size		
	Population (>75%)	Route of Administration			
	Comorbidities	Arm #	Duration		
Van Mil E & Molnar D 2000 #272	RCT	1	Placebo	n Entered:	Average weight loss at 5 months in kg: Arm 1 = 1.5 (8.1) Arm 2 = 8.7 (5.7)
	Jadad Score: 1		Placebo for 20 weeks	n Analyzed:	
	Population: Adolescents	2	Ephedrine	n Entered:	
	(12-17)		60 mg orally for 20 weeks	n Analyzed:	
	Comorbidities: Obesity		Caffeine		
			600 mg orally for 20 weeks		

N/A = not available or not applicable
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Acronyms

AEA	Adverse events analysis
AHRQ	Agency for Healthcare Research and Quality
ARMS	Adverse Reaction Monitoring System
BMI	Body Mass Index
CCT	Controlled clinical trial
CI	Confidence interval
CPK isozymes	Creatine phosphokinase isoenzyme
CPR	Cardio-plumonary resuscitation
CT scan	Computerized tomography scan
CVA	Cerebral vascular accident
CVD	Cardiovascular diseases
DF	Dexfenfluramine
DSHEA	Dietary Supplement Health and Education Act
EPC	Evidence-based Practice Center
FDA	US Food and Drug Administration
GAO	General Accounting Office
HHS	US Department of Health and Human Services
IOC	International Olympic Committee
kg	kilograms
MB fractions	Myocardial band fractions (of CPK isoenzymes)
MI	Myocardial infarction
mg	milligrams
MRI	Magnetic resonance imagery
NCAA	National Collegiate Athletic Association
NHANES	National Health and Nutrition Examination Survey
NIH	National Institutes of Health
ODS	Office of Dietary Supplements
OTC	Over-the-counter
PDF	Portable document format
QRF	Quality review form
RCT	Randomized controlled trial
TEP	Technical Expert Panel
VCO ₂	Volume of carbon dioxide production
VO ₂	Volume of oxygen consumption